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ABSTRACT

Underage drinking prevention has two goals: prevent harm to the individual drinker and prevent harm to society. Modern prevention programs should be measured not by their intentions, but by their consequences: reducing the number of criminal events, reducing the amount of harm to individuals, and reducing the harm to society. This guide discusses the importance of preventing underage drinking and provides an overview of recent advances in prevention planning. In some cases, certain prevention programs have demonstrated considerable effectiveness in reducing one form of substance abuse, such as smoking, but have been less effective in preventing underage drinking. This booklet includes some of the research and experience of strategies that have proven to be effective in curbing underage drinking as well as other promising strategies that have not yet been evaluated, but appear to be effective. Universal, selective and indicated prevention strategies are discussed within the framework of risk and protective factors to assist communities in developing successful programs. (GCP)

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ED 474 119

Community How To Guide On...

COALITION BUILDING

NEEDS ASSESSMENT & STRATEGIC PLANNING

EVALUATION

PREVENTION & EDUCATION

ENFORCEMENT

PUBLIC POLICY

MEDIA RELATIONS

SELF SUFFICIENCY

RESOURCES

CG032274

Underage Drinking Prevention

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Community How To Guide On...

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Community How To Guide On...
PREVENTION & EDUCATION
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Community How To Guide On... PREVENTION & EDUCATION EXECUTIVE SUMMARY

Cities, counties, and neighborhoods across America are confronting the problem of underage drinking and its consequences. The National Association of Governors' Highway Safety Representatives (NAGHSR) is a professional organization representing the chief highway safety officers from each state, the District of Columbia, and the U.S. territories. NAGHSR is committed to prevent and reduce illegal underage alcohol consumption and to curb the terrible toll underage drinking takes on our society.

As a result of their commitment to underage drinking issues and to assist cities, counties, and neighborhoods, NAGHSR, with financial assistance from the National Highway Traffic Safety Administration (NHTSA), developed a series of *"Community How To Guides."* These *"Community How To Guides"* address fundamental components of planning and implementing a comprehensive underage drinking prevention program. The Guides are designed to be brief, easy-to-read, and easy-to-use. Each guide contains a resource section to assist readers in obtaining additional and detailed information about the topics covered in that guide. The appendices include useful tools for each topic area that provide coalitions and organizations a jump-start in their planning and implementation activities.

Topics covered in the *"Community How To Guides"* include:

- Coalition Building
- Needs Assessment and Strategic Planning
- Evaluation
- Prevention and Education
- Underage Drinking Enforcement
- Public Policy Advocacy
- Media Relations
- Self-Sufficiency
- Resources

In addition to the *"Community How To Guides,"* NAGHSR also developed a *Case Study* of a model community underage drinking prevention program. This study is designed to give other communities which are considering starting an underage drinking prevention program or those that have an existing effort, some practical, real-world ideas and suggestions. The comprehensive approach, set forth in the "how to guides," has been applied in this community to great success.

The impetus for developing these guides came from the work NAGHSR has done in the area of underage drinking prevention for NHTSA and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Based on their work in the underage drinking prevention arena, NAGHSR felt the comprehensive approach, first piloted in the Washington, D.C. area, could be of benefit to any community seeking to reduce underage drinking.

Community How To Guide On... PREVENTION & EDUCATION EXECUTIVE SUMMARY

Although these guides are targeted at the underage drinking issue, the basic process and information can be applied by any community-based organization striving to affect a social problem through changing community norms. These guides will also prove useful to Safe Communities, Students Against Destructive Decisions (SADD) chapters, Mothers Against Drunk Driving (MADD) organizations, police departments, and youth groups belonging to the National Organizations for Youth Safety (NOYS).

Violence prevention organizations may also find the information and tools helpful since the process to reduce incidents of youth violence is the same process detailed in these guides.

Contrary to conventional wisdom, underage drinking is not inevitable. It is preventable. These *"Community How To Guides"* are designed to help individuals or organizations to craft programs that will help the young people in their communities remain alcohol-free.

Community How To Guide On... PREVENTION & EDUCATION ACKNOWLEDGEMENTS

The production of the nine *"Community How To Guides"* on underage drinking prevention involved the efforts of a number of people who helped develop the ideas and suggestions for each publication and provided the time to review the draft materials.

The National Highway Traffic Safety Administration (NHTSA) wishes to thank Barbara Harsha, Executive Director, National Association of Governors' Highway Safety Representatives (NAGHSR) for her leadership in the development of the *"Community How To Guides"* and to Pam Beer of PMB Communications and Trina Leonard of Leonard Communications, the authors of the Guides. Special thanks to Nancy Rea, Executive Director of *Drawing the Line on Underage Alcohol Use* in Montgomery County, Maryland for her expertise and review.

Community How To Guide On... PREVENTION & EDUCATION INTRODUCTION

Modern prevention programs should be measured not by their intentions, but by their consequences.

Underage drinking prevention has two goals: prevent harm to the individual drinker and prevent harm to society. Modern prevention programs should be measured not by their intentions, but by their consequences: reducing the number of criminal events (drinking, DWI, date rape, etc.), reducing the amount of harm to individuals (injuries, alcohol overdoses, teen pregnancies, etc.), and reducing the harm to society (criminal and juvenile justice costs, medical and addiction treatment expenses, etc.)

This *Community How To Guide on Prevention and Education* discusses the importance of preventing underage drinking and provides an overview of recent advances in prevention planning. In some cases, certain prevention programs have demonstrated considerable effectiveness in reducing one form of substance abuse, such as smoking, but have been less effective in preventing underage drinking.

This booklet includes some of the research and experience of strategies that have proven to be effective in curbing underage drinking as well as other promising strategies that have not yet been evaluated, but appear to be effective. Universal, selective and indicated prevention strategies are discussed within the framework of risk and protective factors to assist communities in developing successful programs.

Community How To Guide On... PREVENTION & EDUCATION

The goal of underage drinking prevention is to delay, deter, or eliminate the onset of illegal underage drinking among minors.

This *Community How to Guide on Prevention and Education* was written primarily for traffic safety specialists and for community groups that are launching or expanding underage drinking prevention programs. The guide provides an overview of recent advances in prevention planning, but does not attempt to provide detailed information on all of the programs that have demonstrated effectiveness, nor does it contain extensive citations from research reports. Readers who would like to obtain more extensive information about theory, particular programs or the results of specific research projects should consult the Resource Section of this guide.

Some of the programs or strategies highlighted in this booklet are discussed in greater detail in the other guides that are part of this comprehensive approach to the problem of underage drinking. These programs and strategies are being used in this guide to demonstrate how all aspects of an underage drinking program involve prevention.

The goal of underage drinking prevention is to delay, deter, or eliminate the onset of illegal underage drinking among minors. For the purposes of this booklet, prevention is defined as programs, policies, or activities that are designed to keep youth from using alcohol before they attain the minimum legal drinking age.

THE NEED FOR PREVENTION

In the past, programs designed to prevent minors from drinking often focused primarily on short term goals, such as preventing high school students from driving impaired during prom and graduation season. Recent research into alcohol abuse, underage drinking, and addiction has expanded links between underage drinking, adult alcoholism, and problem drinking. We now know that preventing young people from drinking may not only save them from harm in their youth, it may prevent them from embarking on a lifetime of alcohol-and drug related problems.

The expanded understanding of the origins and impact of underage drinking has changed the emphasis for many underage drinking prevention programs from short term safety programs to programs that not only emphasize safety, but recognize the proven links between illegal underage drinking and other problems, including adult alcoholism, crime, and health problems. This change in emphasis has created a bridge between the traffic safety and prevention programs and given them a shared goal – working with communities to develop and implement effective programs to prevent underage drinking.

Underage drinking prevention efforts must recognize the alcohol issue may be part of a larger substance abuse prevention effort. It is important, therefore, to insure the underage drinking issue does not become lost but remains on the agenda. As this booklet points out, underage drinking can be linked to many youth and adult problem behaviors.

Underage drinking prevention has two goals: prevent harm to the individual drinker and prevent harm to society. Modern prevention programs should be measured not by their intentions, but by their results. These results include reducing the number of criminal events (drinking, DWI, date rape, etc.), reducing the amount of harm to individuals (injuries, alcohol overdoses, teen pregnancies, etc.), and reducing the harm to society (criminal and juvenile justice costs, medical and addiction treatment expenses, etc.).

Binge drinking (consuming five or more drinks on one occasion) is a particularly dangerous form of drinking.

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WHY PREVENT UNDERAGE DRINKING?

- ***Drinking alcohol is particularly dangerous for young people because their bodies are still developing.***

When the physical effects of alcohol are coupled with emotional immaturity and inexperience, the effects on young drinkers can be devastating. Alcohol is a depressant and a neurotoxin. Alcohol alters and kills brain cells and can adversely affect an individual's ability to form new memories. This can be especially significant for young people who are in school and should be assimilating new information daily.

Females take special risks when they drink because they lack a stomach enzyme that males possess and because they have a lower total body water content. As a result of these physiological differences, females are affected more quickly and more strongly than males who ingest the same amount of alcohol.

- ***Alcohol impairs physical and mental coordination.***

When impairment is linked with the risky activities young people sometimes undertake when they are drinking, such as driving, walking on balcony railings, or swimming, tragedy often results. Sometimes, intoxicated youth injure or kill themselves in fires, falls, boating accidents, or other tragedies that might have been avoided if they were sober.

In 1991, the Inspector General of the Department of Health and Human Services released a series of reports that detailed the problems associated with underage alcohol use. The report entitled, *"Youth and Alcohol: Dangerous and Deadly Consequences"* revealed that more than half of the underage males who drown had been drinking when they died.

Underage drinking is also linked to reckless sexual behavior, including date rape and unprotected sex that can lead to pregnancy and the spread of sexually transmitted diseases including Acquired Immune Deficiency Syndrome (AIDS).

- ***Alcohol is linked to violence and crime***

The Inspector General's *"Youth and Alcohol: Dangerous and Deadly Consequences"* report also linked alcohol use to other crimes by minors including vandalism, property damage, and robbery. According to the 1998 Alcohol and Crime Report from the Bureau of Justice Statistics, college students reported about 463,000 violent victimizations in 1995 in which alcohol use by the offender was a factor. An estimated 22% of the alcohol-involved incidents were perceived to have also involved offender drug use.

- ***Many young people do not realize that ingesting too much alcohol can be fatal.***

Binge drinking (consuming five or more drinks on one occasion) is a particularly dangerous form of drinking. According to the 1999 Monitoring the Future study of substance use, conducted on behalf of the National Institute on Drug Abuse (NIDA), more than 30% of U.S. high school seniors report they are binge drinkers and binge drinking is a widely recognized problem on college campuses. Many young people ingest large amounts of alcohol at one time and drink very rapidly, which can also create dangerous overdoses of alcohol and lead to death.

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With so many lives at stake, the effort devoted to prevention is clearly worthwhile.

- ***Underage drinking can impede one of the most critical tasks of adolescence — the development of coping skills.***

As they grow older, young people must learn how to deal with the ordinary stresses of everyday life and with occasional crises. If they substitute the sedative effects of alcohol (or any other mind-altering drug) for the development of coping skills, they will actually impair their emotional development. Even if young people, who drink heavily, stop drinking, they will still lack the coping skills.

- ***Alcohol is a depressant, which alters behavior and reactions.***

Drinking can cause individuals to lose their inhibitions and be willing to engage in behavior they might not embrace if they were sober, including experimentation with marijuana, cocaine, and other drugs.

When young people begin to drink illegally, they often keep that behavior a secret from their parents and other adults. Experts believe that engaging in covert behavior may contribute to young people being more willing to break other "taboos," including using other drugs.

The "gateway" hypothesis of substance abuse is based on evidence that among young people, tobacco use often precedes alcohol use and alcohol use usually precedes the use of marijuana. The "gateway" hypothesis first became well known during the late 1980s and pointed out that the use of alcohol and tobacco at an early age is associated with progression to illicit drug use and greater involvement with drugs at older ages. (DHHS, 1993; Robins & Przybeck, 1985 Preventing Substance Abuse Among Children and Adolescents, pages 1-18)

- ***The earlier young people start drinking, the greater the chances of developing alcohol dependence.***

Research released by the National Institute on Alcoholism and Alcohol Abuse (NIAAA) in 1998 shows that young people who drink before they reach age 15 are four times more likely to develop alcohol dependence (alcoholism) than those who begin drinking at age 21. The likelihood of such young drinkers later becoming alcohol abusers (which repeatedly causes life problems, but without addiction) is doubled.

Today, many young people are drinking heavily in middle school, long before they reach age 15. According to the 1999 NIDA Monitoring the Future Study, 24% of 8th graders report using alcohol and 9.4% have been impaired in the past thirty days. Some of those young people are experiencing serious problems with alcohol by the time they enter high school. Preventing young people from drinking as minors may keep them from becoming adult problem drinkers whose alcohol-related behavior could affect their workplaces, families, and adult driving. Preventing underage drinking by minors today may also help to reduce long-term health care costs and criminal justice costs to society by reducing the crimes, injuries, and crashes.

The expanding science of prevention seeks to stop the tragedies associated with underage drinking before they occur by creating a climate in which young people do not drink alcohol before they attain the minimum drinking age of 21. With so many lives at stake, the effort devoted to prevention is clearly worthwhile.

As in other fields of study, expanding research and practice sometimes require that old strategies be discarded in favor of newer, more effective approaches.

THE CHANGING FIELD OF PREVENTION

The explosion in drug and alcohol use in America during the last half of the 20th Century and the resulting problems sparked new interest and research into effective ways to prevent substance abuse, including underage drinking. Many of the programs that have been studied were designed to prevent a broad spectrum of substance abuse problems, including smoking, underage drinking and illegal drug use. Results of these programs vary.

In some cases, certain prevention programs have demonstrated considerable effectiveness in reducing one form of substance abuse, such as smoking, but have been less effective in preventing underage drinking. Fortunately, research and experience have confirmed that some effective strategies already exist to prevent or curb underage drinking. Other promising strategies have not yet been evaluated, but appear to be effective and may be validated in the future. This *Community How to Guide* will discuss strategies in both categories.

■ *Less Effective Strategies*

As in other fields of study, expanding research and practice sometimes require that old strategies be discarded in favor of newer, more effective approaches. This is certainly true of some of the underage drinking prevention strategies that became popular in the last twenty years and that must now be reevaluated by underage drinking prevention coalitions and organizations.

In the early 1980s, some school-based anti-drug programs focused on providing extensive information about drugs, including reasons why people were attracted to drug and alcohol use. Although many of those programs were very popular, evaluation of their long-term effectiveness demonstrated that they produced a measurable increase in students' knowledge about drugs, but had negligible effects on the students' substance abuse related attitudes and behavior.

Having individuals in recovery from drug and alcohol abuse speak to youth was another well intentioned, but misguided, strategy that has been popular. Although young people will often appear to be moved by a recovering user's story, there is no evidence that these presentations have any long-term impact on use. In some cases, the presentations seem to result in "glamorizing" the alcohol and drug-using behavior.

During the 1980s, some prevention programs expressed the idea that children could be "taught" self-esteem and that increasing their self-esteem would prevent them from using drugs. A panel of experts convened by the Center for Substance Abuse Prevention in 1994 reviewed all the available evidence and concluded that improving adolescent self-esteem does not necessarily protect them against substance abuse and that poor self-esteem alone is not predictive of future substance abuse.

Many of the findings on less effective strategies is taken from a 1997 study conducted by the National Institute of Justice, *"Preventing Crime: What Works, What Doesn't, What's Promising."* The study, which was mandated by Congress, examined hundreds of different strategies used in communities, families, schools, labor markets, by police, and criminal justice systems to determine which ones succeeded, and to what extent.

Newer efforts emphasize programs and policies that shape knowledge, beliefs and behavior by changing the environment in which the target audience lives.

CURRENT PREVENTION THEORIES AND PRACTICES

During the last fifteen years, theories and practices in prevention have evolved dramatically. Effective prevention programs no longer focus only on reaching individuals and providing knowledge about alcohol and drugs. Newer efforts emphasize programs and policies that shape knowledge, beliefs and behavior by changing the environment in which the target audience lives, as well as providing information. In substance abuse prevention, the environment is not the natural environment of land and seas, but the community, school, family, and cultural environments.

The timing of prevention efforts has changed dramatically during the last ten years. In the past, many prevention programs did not recognize that alcohol and other drug use frequently begins long before children enter high school. Today, experts recognize that efforts to prevent substance abuse should begin early and continue through adolescence.

■ *Risk and Protective Factors*

Research into prevention has identified an array of biological, psychological, social, economic, and other factors that may contribute to whether or not an individual uses or abuses alcohol or other drugs. These factors are known as risk and protective factors. The risk and protective factor approach to prevention has become central to prevention planning for many communities and government agencies. They also provide the framework for the strategies discussed in this booklet.

Risk and protective factors first came to prominence as a result of the Framingham Heart Study launched in the 1960s to examine how and why some people suffer cardiovascular disease. From the study, researchers learned that certain aspects of an individual's lifestyle (a high-fat diet or smoking) or other factors (heredity) could predispose the individual to heart disease, while other things (a low fat diet, regular exercise) might "protect" the individual. Researchers in mental health have discovered that certain factors appear to protect individuals from behavioral health problems even though they appear to be at high risk. These individuals are considered to be resistant or "resilient" and research into resiliency and substance abuse prevention is continuing.

Researchers in substance abuse prevention have examined how risk, protective, and resiliency factors relate to substance abuse, including underage drinking. A child of an alcoholic, for instance, is at heightened risk of engaging in negative alcohol-related behavior. Male children of alcoholics appear to be at particular risk of becoming alcoholics themselves. Risk and protective factors are related not only to alcohol and other drug use, but also to other negative behaviors, including violence. Children who are exposed to violence in their homes, for instance, are at higher risk to become involved in crimes and violence as adults, as well as more likely to abuse alcohol.

The concept of risk and protective factors is not new to many of the key target groups involved in underage drinking. For instance, a bar owner requires food servers to wash their hands. This is a protective factor to reduce the risk of disease. Explaining the concept of risk and protective factors to the bar owner in those terms makes it easier for that individual to understand that checking IDs reduces the risk of impaired driving by underage youth.

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Risk and protective factors are organized into four general categories and include the following:

RISK FACTORS

- Community Risk Factors
  - Drugs/alcohol are easy to obtain
  - Drugs/underage drinking laws are inadequate or poorly enforced
  - Community is disordered
- School Risk Factors
  - Early and persistent antisocial behavior
  - Academic failure beginning in late elementary school
  - Lack of commitment to school
- Family Risk Factors
  - Parental drug use
  - Neutral or favorable parental attitude toward drug/alcohol use
  - A family history of substance abuse
  - Family structure and function problems
- Individual/Peer Risk Factors
  - Biological predisposition
  - Shy, aggressive and irritable temperament at a young age
  - Mental disorders
  - Sensation seeking personality and behaviors
  - Low sense of self-esteem
  - Alienation and rebelliousness; anti-social attitudes
  - Early alcohol, tobacco and other drug use
  - Underestimation of the harm of drug/alcohol use
  - Friends who use drugs/alcohol, who favor drug/alcohol use, and/or have anti-social norms or attitudes

PROTECTIVE FACTORS

- Community Protective Factors
  - Opportunities for bonding with and engaging in activities with family, school and community
  - Anti-drug/anti-underage drinking community norms
  - Community norms on alcohol that de-glamorize its use, restrict advertising
  - Awareness of laws
  - Low prevalence of neighborhood crime
- School Protective Factors
  - Academic success
  - The reinforcement of life skills and drug/alcohol refusal skills
  - Strong student bonds to the school
  - Students have an identity and sense of achievement
- Family Protective Factors
  - Strong bonds with the family
  - Parental monitoring with clear rules of conduct within the family unit
  - Involvement of parents in the lives of their children
- Individual/Peer Protective Factors
  - Effective socialization skills
  - Positive peer relationships
  - Self-esteem
  - Involvement in religious and pro-social activities

A risk and protective factors chart appears in the appendix of the *Community How to Guide on Needs Assessment and Strategic Planning.* Underage drinking prevention coalitions and organizations can use this chart to conduct an assessment of the risk and protective factors in their community as well as examine the risk, protective, and potential resiliency factors for specific groups of young people and incorporate them into their planning. It will also help examine the resources that are available for prevention programs.

Research into risk and protective factors indicates that strengthening families, improving parenting skills, and helping families to establish strong, consistent norms about alcohol and other drug use can help prevent substance abuse, including underage drinking, as well as violence and other related problems. Today, many of the most effective prevention programs based on the risk and protective factor model may never mention "alcohol" or "substance abuse." Instead, they are designed to offset risk factors and strengthen the protective factors that help to prevent underage drinking and other problems.

- ***Public Health Model***

The public health model classifies programs based on the "agent-host-environment" model of classification.

- ***The agent*** — the substance itself, such as alcohol, tobacco, or other drugs.
- ***The host*** — a person or the knowledge, attitudes, biological, physical, and psychological factors that influence drug-using behavior.
- ***The environment*** — the setting in which alcohol and other drug use occurs, including community attitudes and norms that help to shape behavior.

For many years, underage drinking prevention programs tended to focus on just two of the three major elements of the public health model: the agent (alcohol) or the host (the young person). Recently, the focus has shifted to how the agent and the host interact with the third element in the model – the environment.

Prevention research has developed a new way of describing prevention programs. Called the Institute of Medicine (IOM) model, prevention programs are described as universal (programs that target everyone), selective (programs that target specific, defined groups of people), or indicated (programs directed at individuals and their families).

Since the majority of current prevention programs use the universal, selective or indicated description, following are the general characteristics for each area:

- Universal
  - Address the entire population with messages, skills and programs designed to prevent or delay the use and abuse of alcohol, tobacco, and other drugs.
  - Vary in type, design, structure, and delivery mechanisms. They can include school, family, and community-based programs.
  - Primarily reflect environmental influences such as community values, economic, and employment stability, school support and other issues.
- Selective
  - Target subgroups of the population such as a fraternity or sorority on a college/ university campus or parents who belong to the PTA.

Availability is a great predictor of alcohol use. If large numbers of alcohol outlets are located in a given area, alcohol-related problems will generally increase.

- Recipients are recruited to participate and program activities are generally more involved in the daily lives of the participants.

- Indicated
  - Target individuals who are experiencing early signs of substance abuse such as youth who have been cited for an underage drinking offense or those who are exhibiting problems in school.
  - Focus more on the individual than on factors in the community and address issues such as alienation from parents, school and peers and various conduct disorders.
  - Individuals are specifically recruited based on an assessment of the individual's personal risk or related problem behaviors, rather than relying on membership in a subgroup.

Appendix #1 is a *Prevention Program Classification Checklist* that will help coalitions and organizations determine what level of prevention program they need. Planners should also consider which population category they are trying to target and then determine which approach is most likely to fit their community's needs. Most communities will employ a variety of programs.

UNDERAGE DRINKING PREVENTION STRATEGIES

Following is a description of a variety of prevention strategies that are categorized according to the risk and protective factor framework.

Community Based Strategies (CB)

Underage drinking community based prevention strategies need to address the following issues. Organizations with limited resources will need to determine which strategies are most important and prioritize these activities.

1. Reduce access to alcohol.
2. Establish community laws and norms that disapprove of underage drinking.
3. Increase awareness about the nature and extent of underage drinking.
4. Mobilize communities to develop neighborhoods where atmosphere, appearance, and safety are important.
5. Increase supervision of young people.
6. Provide opportunities for youth to contribute to the community.

The following are "best practices" or suggested strategies for preventing underage drinking. Again, it will be necessary to prioritize based on available resources. Many of these strategies are discussed in greater detail in the *Community How To Guides on Underage Drinking Enforcement, Public Policy and Media Relations.* There is a wealth of data and information that supports the effectiveness of these strategies and practices.

Server/seller training educates merchants on their legal responsibilities and on effective techniques for controlling sales to minors and to individuals who are intoxicated.

CB 1 Reduce access to alcohol

- Limit the hours of sale or number of licensees *(universal)*

  Availability is a great predictor of alcohol use. If large numbers of alcohol outlets are located in a given area, alcohol-related problems will generally increase. Communities that need to control the general availability of alcohol — to adults and to youth — can implement licensing and control strategies including limiting hours of sale or the number of licensees in an area, pass laws that limit the age of servers and other prevention strategies.

- Compliance checks (also known as "stings" or decoy operations) *(universal)*

  Compliance checks with law enforcement and alcohol beverage control agencies can "check" the sales policy and practices of stores, bars, restaurants and hotels that sell alcohol. Conducting these checks and publicizing the findings has proven to reduce sales of alcohol to minors.

- "Cops in Shops" and similar programs *(universal)*

  "Cops in Shops" programs work in cooperation with vendors to place law enforcement officers, liquor agents, or inspectors in stores to pose as clerks. The officer trains the clerk(s) to detect false, altered, or fraudulent identification and if a minor attempts to purchase alcohol, the law enforcement officer cites the minor.

- Third party, shoulder tap and "Mister, Will You?" programs *(universal)*

  Shoulder-tap or "Mister, will you...?" programs are designed to discourage adults from buying for youth and to discourage young people from asking adults to buy for them.

- Adult responsibility laws *(universal)*

  States or local jurisdictions can enact laws to hold adults, who are in charge of the premises, responsible for any illegal drinking which takes place while they are present. They can also vigorously enforce laws related to providing alcohol for minors or contributing to the delinquency of a minor.

- Server/seller training *(universal)*

  Server/seller training educates merchants on their legal responsibilities and on effective techniques for controlling sales to minors and to individuals who are intoxicated. This education is most effective when used in conjunction with compliance checks. The fact sheet, *Preventing Sales of Alcohol to Minors: What You Should Know About Merchant Education Programs*, developed for the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Enforcing Underage Drinking Laws Program has several recommendations such as educational programs for merchants that includes information about laws and penalties, information indicating the importance of avoiding sales to minors to protect the health and well-being of the entire community, an emphasis on proper management techniques, information on how to recognize fake IDs, and tips on how to refuse a sale safely and comfortably.

  The Maryland Hospitality Education Foundation developed a special "young adult server training" that includes tips for young people who may feel intimidated by their

"Zero tolerance" laws can be very effective in reducing alcohol-related traffic crashes among youth if they are vigorously enforced and well publicized.

friends or by older, intoxicated customers. The classes provide information on how to avoid confrontation and peer pressure as well as management skills and responsible alcohol service. The training involves off-sale and package good establishments, hotels, country clubs, caterers, and restaurants.

- Consistent penalties for merchants who break the law *(selective)*

  Citing clerks and shop owners who break the law is only effective if serious consequences are imposed by the board of license commissioners, liquor board, or other alcohol licensing authority.

- Dram shop liability laws for sales to minors *(universal)*

  Dram shop liability laws hold merchants accountable when intoxicated drivers they serve cause crashes after leaving their establishment.

- Keg registration laws *(universal)*

  Keg registration laws require that an adult who takes a keg out of an alcohol outlet must fill out a form that contains their name, address, and other information. Although keg registration offers enforcement agencies an additional tool, it is primarily designed to reduce the availability of alcohol to minors by discouraging adults from providing kegs for minors and by making it less attractive for youth to attempt to secure kegs by presenting fake IDs.

CB 2 Establish community laws and norms that disapprove of underage drinking.

- Zero tolerance laws *(universal)*

  Every state has now passed some version of "zero tolerance" legislation that sets a blood alcohol limit for youth in that state which is lower than the blood alcohol limits set for adults in the state. These "zero tolerance" laws can be very effective in reducing alcohol-related traffic crashes among youth if they are vigorously enforced and well publicized.

- Alcohol enforcement units or special "party patrols" *(universal)*

  Party patrols and other enforcement strategies to break up parties and cite the youth involved signal strong community disapproval of underage drinking and seek to reduce the opportunities for drinking. Publicizing these efforts helps to build awareness of the underage drinking problem and the efforts underway to curb it.

- End alcohol-industry sponsorship of, and prohibit or restrict, alcohol sales at public events such as fairs, festivals, sporting events, etc. *(universal)*

  In many communities, local beer distributors or manufacturers sponsor events for adults and youth. Some communities have been successful in preventing alcohol-industry sponsorship of large sports activities. The Troy Community Coalition in Troy, Michigan learned that an alcohol-industry-sponsored sports event was scheduled for their town and succeeded in preventing the activity from taking place until alternate sponsors could be recruited.

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Enforcing laws about possessing, using, manufacturing, and selling fake IDs can signal the community's strong disapproval and may curtail the availability and use of the IDs.

Alcohol sales at large public events are also popular and many are poorly monitored. Minors often find it easy to obtain alcohol and the large numbers of people drinking sometimes leads to fighting, rowdiness, vandalism, and impaired driving as people leave the scene. Ending or closely monitoring alcohol sales at these events demonstrates the community's strong disapproval of illegal underage drinking and irresponsible adult drinking and may also help to reduce access to alcohol and related problems.

In Washington, D.C., organizers of the city's Latino Festival decided to eliminate alcohol service and sales at the Festival after episodes of alcohol-related violence. Although some people in the community predicted that the Festival would lose sponsors and participants if alcohol was banned, the Festival has continued to flourish since alcohol was eliminated and attendees have reported that they feel safer than they did when alcohol was served and sold at the event.

- Restrict billboards and other forms of alcohol advertising *(universal)*

  Billboards, advertising on bus backs and sides and in bus shelters, and banners and placards to advertise alcohol in public places are widespread in many communities and often are especially prevalent in minority communities and near schools. In recognition of the fact that exposure to these advertising tools has been demonstrated to affect attitudes towards using alcohol, many communities are enacting ordinances or laws to restrict billboards and other forms of advertising.

  The Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT) in Detroit, Michigan targeted the issue of alcohol advertising. One of their activities was to conduct a survey of the number of billboards in the city and publicize the number that advertised alcohol. The media was used to publicize their findings as well as publicize the harm these ads were causing in the community.

- Fake ID laws *(selective)*

  Enforcing laws about possessing, using, manufacturing, and selling fake IDs can signal the community's strong disapproval and may curtail the availability and use of the IDs.

  The RAAM (Reducing Alcohol Availability to Minors) in Ocean City, Maryland targets ID checks in the stores and has enlisted cooperation from landlords for evicting underage drinkers during "Beach Week," a high risk time for underage drinking. The result has been a decrease in alcohol-related deaths.

- Sobriety checkpoints *(selective)*

  Although police may actually arrest only a few impaired drivers during individual sobriety checkpoints, checkpoints have been demonstrated to be very effective in reducing crashes and impaired driving. Well-publicized checkpoints also help to express the community disapproval of impaired driving and underage drinking.

- Use/lose laws *(indicated)*

  In some jurisdictions, youth who are cited or arrested for drinking may lose their driving privileges or be subject to other penalties through the motor vehicle administration, juvenile courts, or juvenile justice administration. Local prevention organizations can work to ensure that appropriate penalties exist and are consistently used.

A court watch program is a tool that can be used by community groups in finding out the disposition of underage drinking cases.

- Diversion programs *(indicated)*

  Diversion programs are designed to keep underage drinking cases from clogging the justice system and to provide needed rehabilitation without giving the young person a criminal record. They are especially appropriate because of the large percent of underage drinkers who can benefit from substance abuse and/or mental health treatment. It will be necessary to develop at least two programs, one for juveniles (under age 18 in most states) and one for older offenders (18-20 years of age, in most states).

- A court watch program *(indicated)*

  A court watch program is a tool that can be used by community groups in finding out the disposition of underage drinking cases. They can also be used to engage the justice system in an underage drinking effort. A court watch is appropriate when:
  - Information is not available on what is happening to offenders.
  - It is necessary to draw attention to what is happening to offenders.
  - Attention is needed to the connection between alcohol and other offenses.

  Special permission will need to be granted to attend a juvenile hearing since most are not open to the public.

Appendix #2 includes *Tips on Establishing Diversion and Court Watch Programs* supplied by the Combating Underage Drinking Program in Maryland. Mothers Against Drunk Driving (MADD) also has information on establishing a court watch program.

CB 3 Increase awareness about the nature and extent of underage drinking.

- Publicize underage enforcement efforts *(universal)*

  Publicizing strong enforcement efforts targeted at underage drinking, including compliance checks, Cops In Shops programs, sobriety checkpoints (which take place at locations and times identified as high-risk) and other campaigns, can build awareness of the underage drinking issue. It can also create a "healthy paranoia" among potential offenders and generate support for the enforcement campaigns from the media, policy makers, and the public.

  The Travis County Underage Drinking Prevention Program in Austin, Texas, publicizes intensive underage drinking enforcement programs at prom time and other "high risk" times of the year by sending out news releases and arranging for coverage on a cable television show hosted by the project's director.

- Conduct media and targeted public information campaigns *(universal)*

  The traffic safety community has successfully used media campaigns to enhance enforcement efforts for many years. One of the most successful programs in recent years has been the "Click It or Ticket" campaign in North Carolina to encourage the use of seat belts.

  Public service campaigns to prevent impaired driving by encouraging friends to take a drinker's keys or utilize other intervention techniques have been more effective against impaired driving, but may not stop underage consumption.

The Detroit City Council Task Force on Substance Abuse Prevention developed a media campaign to target alcohol consumption entitled "Denounce the 40-Ounce." The campaign, whose slogan was recognized by over 50 percent of city residents in just a year, persuaded the Everfresh Juice Company to reconsider marketing iced tea in pint-sized flasks resembling liquor bottles. For its efforts, the program was recognized by Office of National Drug Control Policy (ONDCP) and the Crime Prevention Association of Michigan.

Media coverage can also be an extremely effective tool for advocating changes in laws, policies and procedures that will enhance prevention efforts. Project Extra Mile in Omaha, Nebraska (See *Appendix #8, Pilot Projects*), alerted the public to serious flaws in the laws regarding underage drinking by launching a media campaign to highlight the problems.

Media relations campaigns can also help generate support and attention for new underage drinking prevention programs. In some cases, the best way to secure coverage is to ask members of the media what they think about the underage drinking issue. In Hermantown, Minnesota, Lenoir County, North Carolina, and Tippecanoe County, Indiana coalitions that were launching new underage drinking prevention efforts invited members of the media to talk with them and to explain how the media viewed underage drinking in the community. Each of the reporters who were invited to talk to coalition members also produced large and important stories about the new programs.

More information on media is available in the *Community How to Guide on Media Relations.*

Several studies have been published about informing students of normative behavior that differs from the perception. More information is available in an article entitled, *Designing Alcohol and Other Drug Prevention Programs.* Information on obtaining the article is included in the Resource Section of this book.

CB 4 Mobilize communities to develop neighborhoods where atmosphere, appearance and safety are important.

- Communities That Care, Developmental Research Programs, Seattle, Washington *(universal)*

  Communities That Care is a program from Developmental Research Programs, an organization founded by Dr. J. David Hawkins and Dr. Richard F. Catalano. It is a model that builds on the knowledge gained from successful community prevention efforts and provides an effective process for mobilizing communities to address adolescent problem behaviors. Communities That Care includes the following components:
  - Involves a broad spectrum of individuals, groups, and organizations who represent the diversity of the community
  - Builds support for the risk and protective factor-focused prevention from key leaders as well as grassroots community members
  - Promotes widespread communication and collaboration
  - Utilizes a data-driven assessment process
  - Promotes a long-term community commitment

One way to enhance prevention efforts is to get youth involved in healthy pursuits that reduce their exposure to risky situations that promote the use of alcohol and other drugs.

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CB 5 Increase supervision of young people

- After-school programs (universal)

  One way to enhance prevention efforts is to get youth involved in healthy pursuits that reduce their exposure to risky situations that promote the use of alcohol and other drugs, especially during their leisure time. Today's youth especially need alternative activities. Shrinking funding caused many youth service organizations to scale back their activities and profound changes in American life have increased the need for supervised after-school activities. After school programs and activities decrease the amount of unsupervised time during the high-risk hours of 3:00 p.m. to 6:00 p.m. when many adolescents take their first drinks.

Appendix #3 lists some of the *Characteristics of Effective After-School Programs* taken from the U.S. Department of Education's Safe and Smart program which included information from the 1998 *"Beyond Prevention Curricula: A Guide to Developing Alternative Activities."*

CB 6 Provide opportunities for youth to contribute to the community

- Community Service Projects *(universal)*

  The Save Our Youth Coalition in Salt Lake City, Utah works with the Salt Lake County Public Schools in providing financial support to forty-four high school and junior high school peer leadership teams. These teams conduct a number of activities, some of which focus on underage drinking or substance abuse, but many on helping the community. These activities range from a clean up of an area, trash pick up along a designated highway, or visits to senior citizen centers. Community activities are viewed as an important way for the youth to feel connected to the community at large, and help them see that their actions, such as underage drinking, can negatively impact others.

- Extra-curricular activities *(selective)*

  Participation in extra-curricular activities such as Students Against Destructive Decisions (SADD) also provide young people with an opportunity to contribute to their community. SADD chapters conduct a number of programs and activities both in schools and in the community by raising awareness about the dangerous consequences of underage drinking.

Clear, consistently applied policies should prohibit alcohol use at school or school-sponsored events (including dances and sporting events).

School Based Strategies

Underage drinking school based strategies need to address the following issues:

1. Policies that encourage an alcohol free life-style.
2. Classroom curricula that develops good interpersonal skills and social competence.
3. The community and schools working together.
4. Positive behavior management.
5. Accurate information on the role(s) of alcohol in life.

SB 1 Policies that encourage an alcohol free life-style.

- Policies prohibiting alcohol use at school or school-sponsored events. *(universal)*

  Along with educating students in the classroom, schools express community norms and expectations through their rules, management plans and other strategies. Clear, consistently applied policies should prohibit alcohol use at school or school-sponsored events (including dances and sporting events).

  At whatever level the policies are used, they must be clear, communicated to the students and universally applied. Consequences for violating the policies should be swift and significant. In some schools, for instance, students who violate the school's alcohol-related policies may be cut from sports teams or prohibited from participating in other extracurricular events. They may also be subject to suspension, expulsion or other disciplinary measures. Students can sign pledges not to drink alcohol as a condition of participation in sports or other extracurricular activities.

- Living/Learning Contract *(selective)*

  At Yakima Valley Community College in Yakima, Washington, the Student Resident Center has adopted a living/learning contract that addresses a number of issues, including alcohol use.

  At the beginning of each academic year, all resident students attend an orientation session during which students review the policies in the student handbook, including alcohol policies that prohibit the possession, consumption or furnishing of alcoholic beverages in the Student Resident Center and its adjoining grounds. At the end of the orientation, students sign the living/learning contract that is part of their formal agreement with the college. By signing the contract, students confirm that they have been informed of the college's policies and procedures. If a student violates the contract, a judicial review committee that includes students and staff is convened to review the incident and recommend disciplinary action.

  The college reports that since the implementation of the living/learning contract, annual damage to the residence facilities was reduced to 20 percent of previous annual damage. The college also indicated that reports of rape and other violent crimes have decreased dramatically.

  The Higher Education Center for Alcohol and Other Drug Prevention's 1997 publication *"Setting and Improving Policies for Reducing Alcohol and Other Drug Problems on College Campuses,"* has guidelines for colleges and universities to help them create effective policies for their campus environments. Included in the publication is a sample policy from the University of Michigan. *Appendix #4, Alcohol and Other Drug Policy Checklist for Schools* is taken from the Higher Education Center publication.

Recent studies indicate that curricula emphasizing the harm caused by substance abuse and countering perceptions that youthful substance abuse is universal can reduce the incidence of alcohol and other drug use.

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SB 2 Classroom curricula that develops good interpersonal skills and social competence.

Recent studies indicate that curricula emphasizing the harm caused by substance abuse and countering perceptions that youthful substance abuse is universal can reduce the incidence of alcohol and other drug use. Some educational curricula that focuses on life skills and other normative objectives rather than "neutral" information about drugs can also reinforce attitudes opposing substance use among youth.

Generic "life skills" include problem-solving, decision-making, resistance skills against adverse peer influences, and social and communication skills. Most of these programs are designed as general substance abuse prevention programs and although some have demonstrated some success in preventing or reducing underage drinking, others have been more successful in preventing smoking and other drug use.

- Life Skills Training (LST) *(universal)*

  LST teaches students various skills to resist social influences to use alcohol and other drugs and to enhance general competence and self-esteem. LST has been found to increase students' knowledge of the negative consequences of drinking and to promote realistic, not inflated, perceptions of drinking prevalence. A study of LST's long-term effects among 12th grade students who had received a relatively complete version of the program showed significantly lower rates of weekly drinking, heavy drinking, and getting impaired than did control students. The full sample exposed to the program showed significantly lower rates of drunkenness than did the controls.

  Life Skills Training has been extensively studied over the past 16 years. Results indicate that this prevention approach can produce a 59- to 75-percent lower levels of tobacco, alcohol, and marijuana use. Long-term follow-up data from a randomized field trail involving nearly 6,000 students from 56 schools found significantly lower smoking, alcohol, and marijuana use six years after the initial baseline assessment.

  The Save Our Youth Coalition in Salt Lake City, Utah peer leadership teams utilize the Life Skills Training model to train team members so they reduce risk factors and enhance protective factors for themselves and others. Save Our Youth has supported the peer leadership teams through mini-grants that target underage drinking.

- SMART Moves, the national prevention program of the Boys & Girls Clubs of America *(selective)*

  SMART Moves is a good example of a selective program since it is intended for implementation within Boys & Girls Clubs. The program utilizes a curriculum-based model that uses role playing, group activities, and discussion to promote social norms regarding substance use, and knowledge of the health consequences and prevalence of alcohol, tobacco, and other drug (ATOD) use by youth and adults.

  Results from the self-report questionnaire showed overall effectiveness of the SMART Moves prevention program. Overall use of drugs, marijuana, tobacco and alcohol was significantly less for individuals participating in the program.

Letters to parents of college/university students caught in violation of alcohol laws can also be effective, especially when the parents are paying the tuition.

SB 3 The community (including parents) and schools working together

- Project STAR *(universal)*

  This program involves schools, mass media, parents, community organizations and health policy components and attempts to delay the onset and decrease the prevalence of alcohol and other drug use among students, beginning in sixth grade. Project STAR teaches skills to reduce alcohol use and educates students about the actual, as opposed to the perceived, prevalence of alcohol use among their peers. Early follow up studies showed that the program had little effect on alcohol use. A six-year follow-up study in Kansas City, however, showed lower rates of increase in alcohol use and episodes of drunkenness for students in the program over time than did students in control schools. Similar, but smaller, effects were observed at three and one-half year follow up in Indianapolis.

- Project Northland, Minnesota *(universal)*

  This is a multi-component, school- and community-based intervention to delay, prevent and reduce alcohol use and related problems among adolescents. It includes social-behavioral curricula, peer leadership, parental involvement/education, and community-wide task force activities. The first three years of intervention, conducted in grades six through eight, resulted in significantly lower prevalence of past-month and past-week alcohol use among students in intervention communities compared with controls. These beneficial effects were particularly notable among students who had not yet begun experimenting with alcohol when the program began.

- Contact parents *(indicated)*

  As part of their controlled dispersal strategy, the Montgomery County, Maryland police department call the parents of any youth cited at an underage drinking party and ask them come pick up their child. Letters to parents of college/university students caught in violation of alcohol laws can also be effective, especially when the parents are paying the tuition.

SB 4 Positive behavior management.

- Health Promotion Program, Montana State University, Bozeman, Montana *(universal)*

  The Health Promotion Program in the Student Health Center at Montana State University, Bozeman, Montana, conducts a comprehensive program that integrates a number of components into an organized campus-wide initiative. The overall goal of the program is to redefine drug and alcohol norms on campus.

  Health Promotion Center staff teach courses and provide internships based on surveys of the university's students. Awareness campaigns are conducted in collaboration with other campus groups and most are combined with existing campus activities such as sporting or club events. Environmental strategies are infused into the daily operations of the university, including the development in 1994 of an Events Management Team which works at sporting events to make alcohol-related interventions.

  The Health Promotion Staff is involved in training residence hall staff and collaborates with several campus-wide committees on enforcement. Alcohol-free dormitories also allow students to live and study in an alcohol-free environment and provide positive

Social marketing utilizes distinctive techniques adapted from commercial marketing to popularize positive ideas and attitudes and to encourage favorable changes in social values and individual behavior.

reinforcement for the decision not to drink.

Since the inception of the Events Management Team, the university reports a significant drop in the severity and number of alcohol-related problems at sporting events. As an outcome of the training provided to residence hall staff, hundreds of students have been referred to the campus early intervention program, known as Insight.

- Bry's Behavioral Monitoring and Reinforcement Program *(selective)*

  This program is a school-based, early intervention program that targets seventh and eighth graders. The program collects up-to-date information on each student's actions from teachers, provides systematic feedback in the form of report cards, and attaches a value to the student's actions, such as a point for every day they arrive at school on time.

- Reconnecting Youth Program, Washington State *(indicated)*

  Reconnecting Youth is a school-based indicated prevention program that targets young people in grades 9 through 12 who show signs of poor school achievement and potential for dropping out of high school. They also may show signs of multiple problem behaviors (such as substance abuse and depression). The program teaches skills to build resiliency with respect to risk factors and to moderate the early signs of substance abuse.

  To enter the program, students must have fewer than the average number of credits earned for their grade level, have high absenteeism, and show a significant drop in grades. Or a youth may enter the program if he or she has a record of dropping out or has been referred as a significant dropout risk. The program incorporates social support and life skills training with a personal growth class, social activities and school bonding, and a school system crisis response plan.

SB 5 Accurate information on the role(s) of alcohol in life.

- Media education or media literacy programs *(universal)*

  Programs to help youth filter the messages about alcohol (and other drugs) embedded in advertising and other media are increasingly popular. These programs teach youth to understand how images, words and feelings are manipulated to create specific attitudes in consumers and to foster the desire to purchase products. These courses may be taught in schools or provided through prevention groups, youth clubs or religious institutions. Information on media literacy is available in the *Community How to Guide on Media Relations.*

- Social marketing programs *(universal)*

  Social marketing utilizes distinctive techniques adapted from commercial marketing to popularize positive ideas and attitudes and to encourage favorable changes in social values and individual behavior. One way this has been used is in publicizing results of surveys that found most college students overestimate how much their peers on campus are drinking. When correct information about drinking on campus was disseminated, the estimates and the self-reported actual rate of drinking dropped.

When the issue is underage drinking, many parents do not think it is a serious problem and view it as a "right of passage."

Family Based Strategies

Underage drinking family based prevention strategies need to address the following issues:

1. Parent education to influence attitudes and behavior toward underage drinking.
2. Family structure and function problems, such as how to set limits in age appropriate ways.
3. Family conflict, including substance abuse, violence, divorce, and illness.

FB 1 Parent education to influence attitudes and behavior toward underage drinking.

Broad-based parenting education programs may substitute for parenting education that in previous generations was supplied by family members. Parent education can be delivered by the media, through health promotion strategies, in large group settings such as church groups, parent education nights at schools, or through the development of parent networks.

When the issue is underage drinking, many parents do not think it is a serious problem and view it as a "right of passage." They also may not see how their own attitude and behavior towards adult alcohol use shapes the attitudes and behaviors of their children. Topics to cover in a parenting education effort could include information on the dangerous consequences of underage drinking, how to be a good role model, what to look for when your child needs help, the normal "rules testing," and the need for children to have opportunities to experience risk without breaking the law.

FB 2 Family structure and function problems, such as how to set limits in age appropriate ways.

- Parents and Children Videotape Series – The Incredible Years *(universal)*

  The short-term objectives in the program are for parents to improve communication skills with their children, improve limit-setting skills by means of nonviolent discipline techniques, improve their own problem-solving skills, and learn effective methods of anger management. For children, short-term objectives include reduction of the frequency and number of conduct problems and improvement of pro-social skills. The basic and advanced series consists of 16 videotape programs, each building on the last.

- Safe and Sober Youth (SASY) Driver's License Program *(selective)*

  SASY and Children at Risk Today (CART) work to provide parents of Central Virginia with the tools they need to help teens avoid at-risk behavior. The focus of the program is to fight substance abuse, teen crime, and impaired driving. Through the Virginia License Presentation Program, SASY is able to provide every new teen driver household in Chesterfield and Powhatan Counties with educational safe driving information. One focus of the program is to train parents to be better driving instructors for their children. The group also runs the "DUI Means" campaign to help teens understand the consequences of impaired driving.

FB 3 Family conflict, including substance abuse, violence, divorce, and illness.

- Strengthening Families Program *(selective)*

  The Strengthening Families program is an example of a multi-component, family-focused program for 6- to 10-year old children of substance abusers. The program includes a parent training program, a children's skills training program, and a family skills training program and is presented in 14 consecutive weekly sessions. Research suggests that parent-child relationships improve more when programs work with the entire family than when only the parents receive training or when the programs involves separate child skills training and parent training.

- Functional Family Therapy (FFT) *(indicated)*

  Functional Family Therapy is a family-based intervention program for acting-out youth. A major goal of the therapy is to improve family communication and supportiveness while decreasing the intense negativity so often characteristic of these families. Other goals include helping family members identify what they desire from each other, identifying possible solutions to family problems and developing powerful behavior change strategies.

- Parenting Adolescents Wisely *(indicated)*

  Parenting Adolescents Wisely (PAW) is an interactive CD-Rom based program designed for families at risk with children from early elementary to high school age. PAW seeks to help families enhance relationships and decrease conflict through behavior management and support. Through a self-administered, self-paced CD-Rom program, parents view video scenes of common family problems. For each problem, parents choose a solution and see it enacted and listen to a critique. The video program covers communication skills, problem solving skills, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, and supervising children. The program is designed to be used by parents totally unfamiliar with computers as well as those with experience.

Appendix #5 is a list of *Recommendations for Working With Parents* taken from the Center for Substance Abuse Prevention's (CSAP) Monograph 5 *"Prevention Primer: Parents and Prevention,"* 1997, for underage drinking prevention coalitions and organizations who want to work with parents.

If a young person bonds with a caring adult who is a positive role model and consistent presence in the child's life, that bond is a significant protective factor for the child.

Individual/Peer Group Based Strategies

Underage drinking individual and peer/group based prevention strategies need to address the following issues:

1. Building personal competence (decision making, "people skills").
2. Mentoring programs.
3. Appropriate use of time (healthy ways to take risks).
4. Individual reasons for underage drinking (self-medication, testing the rules, etc).

IB 1 Building personal competence (decision making, "people skills").

- Project Status *(selective)*

  Project Status (Student Training Through Urban Strategies) is a school-based program that helps students become active, responsible members of their community. Based on the belief that isolating students in book-learning environments fails to inspire commitment to schools and belief in social rules, the project provides a more challenging and relevant educational experience. It increases students' pro-social behaviors by providing contact with positive adult role models, enhancing stakes in conformity, and altering peer relationships. An evaluation of the project showed significant beneficial effects for intervention students, compared to control students.

IB 2 Mentoring programs

Mentoring programs that link high-risk youth with caring adults have demonstrated some success in reducing substance abuse among youth. If a young person bonds with a caring adult who is a positive role model and consistent presence in the child's life, that bond is a significant protective factor for the child.

- Big Brothers/Big Sisters *(selective)*

  According to an evaluation of the Big Brothers/Big Sisters conducted by the Center for Substance Abuse Prevention, the organization's mentoring program revealed that youth who spent 12 hours with a mentor each month for a year were 27% less likely to begin using alcohol. Boys who lack fathers or children who lack legitimate role models should be special targets for mentoring programs.

IB 3 Appropriate use of time (healthy ways to take risks).

- Alcohol-free activities for youth *(universal)*

  Studies show that some community partnerships devote a large portion of their resources to sponsoring alcohol-free activities for youth. Ensuring that an adequate number of attractive, alcohol-free activities is available can help youth understand alcohol is not a necessary component for fun. The best activities promote skill building, or group bonding.

  The Spring Party Challenge at the University of Maryland in College Park, Maryland is designed to promote alcohol-free events for students; increase students' skills in planning parties, and demonstrate to students that they can have a good time without alcohol. Each year the University Health Center sponsors the "challenge" for the best alcohol-free party held on or off campus.

  The contest is open to any group of registered students—including campus organizations, resident hall floors, fraternities and sororities,

clubs, sports teams, or groups of friends. Each group identifies a "party planner" who registers the party and attends a required party-planning workshop. The party-planning workshop is run by peer educators who explain the rules of the competition. The workshop content also includes tips for having a successful party and information about problems associated with alcohol use on campus.

Marketing for the event includes sending flyers to all campus resident assistants and resident directors, all students who live in substance-free housing, and representatives of each of the 300 student organizations. Advertisements are also placed in the campus newspaper.

Parties are evaluated based on standardized scoring criteria, which include attendance, theme, entertainment and activities, refreshments, and guests' level of enjoyment. The party with the highest score wins a cash prize of $300. Honorable mentions of $100 are also awarded. All groups who register are sent a letter commending their participation.

This activity is well received on campus, with many student groups indicating their continued support for the contest.

IB 4 Individual reasons for underage drinking (self-medication, testing the rules, etc).

- Residential Student Assistance Program *(indicated)*

  The Residential Student Assistance Program in Westchester County, New York was based on successful Employee Assistance Programs (EAPS) used by industry to identify and aid employees whose performance and lives had been adversely affected by substance abuse. Also feeding into the design of this effort were the successful experiences the county had when it initially implemented a Student Assistance Program (SAP) in the county's high schools. These approaches were adapted for high-risk, institutionalized adolescent youth, age 14-17. Evaluation conducted by the Center for Substance Abuse Prevention in the unpublished document *"Understanding Substance Abuse Prevention Toward the 21st Century: A Primer on Effective Programs"* demonstrated that services offered by the residential SAP were a key ingredient in a marked decrease in substance abuse among participants. Further, youth who participated in multiple services showed an additional decline in substance abuse.

Appendix #6 is a *Prevention Program Matrix* of the various community, school, family and individual based strategies described in the preceding pages.

Modern prevention involves all segments of the community and infuses prevention into the community, family and social environment.

COMPREHENSIVE PREVENTION PROGRAMS

Modern prevention involves all segments of the community and infuses prevention into the community, family and social environment. As Dr. Alan Leshner, Director of the National Institute on Drug Abuse says, "Simple strategies do not work. You need to have a comprehensive strategy with multiple goals to be accomplished simultaneously. We need to have comprehensive approaches that involve the whole community. Families, schools, whole communities and the media need to work together."

Designing and implementing an underage drinking prevention program can seem to be an overwhelming task, especially in a community where many people — including those in positions of power or influence — may view underage drinking as a "rite of passage." In addition, the growing problem of alcohol use among youth and shrinking resources can make the task of assessing a current program's effectiveness and planning for future needs appear to be difficult. *Appendix #7, Prevention Principles Checklist*, adapted from the 1999 "Preventing Drug Use Among Children and Adolescents," is designed to help prevention planners determine whether specific programs include research-based prevention principles.

CONCLUSION

Thanks to a growing recognition of the importance of preventing underage drinking and its consequences, knowledge about effective prevention strategies is constantly expanding. There is no "silver bullet" to prevent the problem — no single program has yet been identified that will prevent drinking by all youth — but research and experience have revealed that carefully targeted, consistently applied prevention programs do work.

Years of prevention and practice show that:

- The effectiveness of prevention programs is enhanced when they are comprehensive and include community-wide policies such as laws, regulations, sanctions and the establishment of formal and informal norms.
- Effective prevention programs should seek to minimize or eliminate as many risk factors as possible and enhance those factors that work to insulate people from substance abuse.
- Prevention needs to begin early and to be reinforced throughout a child's development.
- Prevention programs can take place in the school, workplace, family, recreational settings, and the wider community.
- Programs seem to be most effective when they are focused on individuals and groups of individuals that are clearly defined by age, sex, race/ethnicity/nationality/culture, risk and protective factors, and other identifying characteristics.

Every community across America is unique in its makeup, needs and resources. By employing effective prevention strategies targeted to the unique profile of each community and its residents, prevention practitioners can reduce the onset of underage drinking, curb the terrible toll that underage drinking exacts on the highways and in other settings and, ultimately, prevent young people from enduring a lifetime of alcohol-related problems.

PREVENTION PROGRAM CLASSIFICATION CHECKLIST

Universal Prevention Strategies	**YES**
1. Address the entire population with messages, skills and programs designed to prevent or delay the use and abuse of alcohol, tobacco and other drugs.	
2. Reflect environmental influences such as community values, economic and employment stability, support, and other issues.	school
3. The program is communicated to everyone regardless of whether they are at risk for substance abuse.	
4. Have a low staff-to-recipient ratio.	
Selective Prevention Strategies	**YES**
1. Target subgroups of the population that are determined to be at risk for substance abuse.	
2. Generally operated in schools or community agencies.	
3. Recipients are recruited to participate.	
4. Generally require more time and effort by participants and run for longer periods of time than universal programs.	
5. Require skilled staff.	
6. Program activities are generally more involved in the daily lives of the participants and attempt to change the participants in specific ways.	
Indicated Prevention Strategies	**YES**
1. Target individuals who are experiencing early signs of substance abuse and other related disorders, but who have not yet reached the point of addiction.	
2. Focus is on the individual rather than on factors in the community.	
3. Designed to stem the progression of substance abuse and related disorders and change the participant's behavior.	
4. Individuals are specifically recruited based on an assessment of their personal risk or related problem behaviors.	
5. Programs are frequently intensive and of long duration.	
6. Require highly skilled and trained staff who have clinical training, counseling, or other skills.	

TIPS ON ESTABLISHING DIVERSION AND COURT WATCH PROGRAMS

DIVERSION PROGRAMS

1. All agencies involved in the justice process (police, juvenile service, probation/parole, etc.) should be involved from the beginning. Juvenile court hearings are normally closed so special permission must be granted. This group will determine the following:

   - Establish criteria for the diversion (first offender, no other charges, etc.)
   - Define the advantages to the offender (less expensive, no record, etc.)
   - Develop or identify appropriate options, such as education, treatment, community service, loss of driver's license.
   - Define response for non-compliance
   - Assign staff decision makers to offer and implement the program from initial identification, screening of offenders, assigning education, treatment and/or punishment, and verifying compliance.
   - Identify and seek resources that are available and those that are needed.

2. A police staff person or social worker sets aside cases that fit the criteria (no felonies, first offenders).

3. Instead of referring a case to the juvenile justice system (or to the prosecutor's office, if they are over 18), the staff person schedules an appointment with the screening unit of the health department to determine if the youth needs mental health or substance abuse treatment.

4. After the screening, the youth is assigned to treatment, education or punishment as appropriate. If the individual is a juvenile (as defined by state law), the program and consequences for non-compliance are explained to both the juvenile and his or her parents.

5. If the assignment is completed, the charges are dropped.

6. If the assignment is not completed, the case is referred back to the justice system for further action as defined in the initial program design.

Diversion and Court Watch Programs continued

COURT WATCH PROGRAMS

A court watch program is conducted by an outside organization (with or without the cooperation of the court) that observes the proceedings of court and provides a record of actions in court by police, prosecutors, judges, defense attorneys, agencies involved in diversion, punishment, education and/or treatment of offenders.

1. Find a neutral non-profit or multi-agency organization to be the sponsor. It is important that this group have the ability to write a report and handle media inquiries. Some of the recommendations from the program may be perceived to be negative and the group must also be able to handle the reactions of the courts, the criminal justice system, parents or others.

2. Obtain funding, if necessary.

3. Develop a flow chart or outline of the justice process that identifies all the players and their roles. Ask the agencies involved in the justice process to provide a description of their role and their views on the roles of others.

4. Meet with the leaders of all the agencies involved in the court system (police, judges, prosecutors, parole and probation, health department, juvenile services) to determine what each would consider valuable in evaluating the effectiveness of their role. (A survey of past offenders may also provide information.)

5. Select from this list those actions which can be observed during court proceedings.

6. Develop an observer's form that will report observations in a standard format on the following items.
   - Description of the offense
   - Comments of police officers who testify
   - Comments by prosecutors and judges
   - The final sentence by the court
   - Information on compliance
   - What happens when offenders do not show for the proceedings

Diversion and Court Watch Programs continued

7. Determine when alcohol cases will be heard either by obtaining an advance copy of the court docket or by establishing a designated alcohol day in court.

8. Establish a time frame to do the observations that will allow enough cases, and cases per judge, to gain an accurate picture of trends in handling cases.

9. Recruit and train volunteers.

10. Schedule observers in pairs.

11. After each person has observed once, schedule a meeting to assess the process and adjust, if necessary.

12. After all the observations have been completed, write a report summarizing findings. The report can include praise and/or recommendations for change.

CHARACTERISTICS OF EFFECTIVE AFTER-SCHOOL PROGRAMS

- Respond to the needs and interests of youth.
- Includes a mix of youth and not just youth who are at-risk.
- Integrated into a comprehensive prevention program that reinforces its lessons and addresses specific factors that influence drug use.
- Promote positive development and resilience of youth by enhancing their competence and sense of autonomy and purpose.
- Extend the reach of prevention efforts to youth who are at high risk for, or have already tried using, alcohol or drugs, as well as families and communities.
- The activities are challenging and promote the development of social and personal skills, maintain high expectations, and teach the skills needed for success.
- Maintain an encouraging, cooperative, supportive, but structured environment that emphasizes participation and collaboration rather than competition.
- Youth are involved in planning and running the program, and serve as a resource to their peers and their community.

ALCOHOL AND OTHER DRUG POLICY CHECKLIST FOR SCHOOLS

QUESTION	YES
1. Do the current policies support the school's mission, goals and principles?	
2. Are current policies consistent with federal, state and local laws?	
3. Are the current policies comprehensive, covering all aspects of student life?	
4. Do they cover students, administration, faculty, staff and visitors?	
5. Do they address on- and off-campus behavior?	
6. Do they address both individual and group behavior and events?	
7. Do they cover all campus property as well as all campus events?	
8. Do the policies take into account the health risks associated with alcohol and other drug use?	
9. Do the policies address recovering students' needs?	
10. Do the policies attempt to influence the availability of alcohol?	
11. Have issues related to advertising and promotion been taken into consideration?	
12. Do the policies reflect an environmental approach? (see Public Health model)	
13. Are the policies understandable to a lay person, or are they written in legal or bureaucratic language?	
14. Do the policies reflect the input of all relevant stakeholders, such as faculty and student handbooks and admissions publications?	
15. Do the policies included in official documents, such as faculty and student handbooks and admissions publications?	
16. Are the policies distributed to all relevant individuals and groups?	
17. Are the policies enforceable?	
18. Are the policies being enforced uniformly?	
19. Is the authority of those charged with enforcing the policies clearly defined?	
20. Do possible sanctions include intervention and referral as well as punishment?	
21. Is there an effective procedure in place for assessing the policies' implementation and impact?	

RECOMMENDATIONS FOR WORKING WITH PARENTS

1. Take advantage of milestone transitions, such as the following:
   - When a child changes grades
   - Moves from elementary to middle school
   - Joins a school club or team
   - Because milestones can be anticipated, activities, materials, and messages that relate specifically to the transition should be used. For example, club or team orientation meetings, to which the parents are invited, could include presentations on alcohol, tobacco, and other drugs as they relate to the purposes of the club.

2. Communicate with parents during other life events such as moving or family breakups.
   - Activities and messages should relate to the specific event. For example, marriage counselors, school counselors, or others could include information on special risks to children during times of parental estrangement, including the risk of using alcohol, tobacco, or other drugs.

3. Use mini-transitions to communicate with parents.
   - For example, a family going on vacation could receive a packet of information from a tourist bureau or a State park that includes materials concerning preventing alcohol, tobacco, and other drug use by young children.

4. Increase parents' awareness and knowledge of potential risks.
   - Parents need more information to better understand the probability of alcohol, tobacco, and other drug use by their children; the role of gateway drugs (cigarettes, alcohol, and marijuana); and heredity issues.
   - It is also important for parents to know as much or more about drugs as their children are likely to know, and to be able to recognize the signs and symptoms of alcohol, tobacco, and other drug use.
   - Information about AIDS and its relationship to alcohol and other drug use may heighten parental awareness.

5. Increase parents' knowledge and understanding of parenting skills.
   - Parenting skills for the current generation of parents must include communicating with children about alcohol, tobacco, and other drugs.
   - Print materials, such as magazine articles and brochures, may help increase parents' knowledge and understanding about parenting skills. These materials also may emphasize the parents' role as primary prevention agents for their children.
   - Parenting seminars, religious and school programs, and audiovisual materials may be more valuable because they allow demonstration of roles and parenting techniques.

Recommendations for Working with Parents continued

6. Develop materials for parents.
   - While materials exist on certain topics for parents, others need to be developed or adapted from existing materials. Particular attention should be given to materials that fit into parents' often- crowded schedules, such as audiocassettes for cars.

7. Create resource centers in libraries.
   - Special areas in public libraries could be set aside for a variety of print and audiovisual educational materials on alcohol, tobacco, and other drug issues.

8. Create resource packets for intermediaries to distribute.
   - Intermediaries that have access to parents during transitions might be persuaded to distribute packets of information, particularly if the packet included space for the intermediary's own logo, name, and other information.

9. Use intermediaries having direct access to parents in transitions.
   - Schools, employers, businesses, and services that come into direct contact with parents during these times could be considered as channels for messages concerning alcohol, tobacco, and other drug use by youth.

10. Work with local media.
    - Media attention such as a feature article on record shops that sell paraphernalia, a talk show with a school principal discussing alcohol at a local middle school, a news segment on compliance checks, or a story about the activities of a SADD Club can help overcome parental ignorance or denial.

11. Influence the mass media to help reach parents.
    - Print and broadcast reporters cover issues they consider newsworthy. Prevention practitioners can provide new angles on alcohol, tobacco, and other drug use issues, suggest story lines for shows, or praise appropriate coverage as it occurs.

12. Conduct research on the knowledge, attitudes, and practices of parents.
    - There is a serious lack of data on the knowledge, attitudes, and practices of parents of children at moderate risk. Such data need to be updated frequently as alcohol, tobacco, and other drug use patterns change.

PREVENTION PROGRAM MATRIX

RISK FACTOR	UNIVERSAL	SELECTIVE	INDICATED
Community Based	Limit hours of sale Limit number of licenses Compliance checks Cops In Shops Shoulder Tap Program Adult responsibility laws Dram shop liability laws Keg registration laws Zero tolerance laws Alcohol enforcement units Eliminate alcohol industry sponsorship Advertising restrictions Publicity for enforcement Media campaigns Communities That Care After-school programs Community service projects	Consistent penalties for merchants Fake ID laws Sobriety checkpoints Extra-curricular activities	Use/lose laws Diversion programs Court watch programs
School Based	Alcohol policies Life skills training Project Star Project Northland Health promotion programs Media education/literacy Social marketing	Living/learning contract Smart Moves Behavioral mentoring	Contact parents Reconnecting Youth Program
Family Based	Parent/children videotapes	Ready or Not Program SASY driver training program Strengthening Families Program	Functional Family Therapy Parenting Adolescents Wisely Program
Individual Based	Alcohol-free activities	Project Status Big Brothers/Big Sisters	Residential Student Assistance Program

PREVENTION PRINCIPLES CHECKLIST

The following checklist can assist in determining whether specific programs include research-based prevention principles.

PREVENTION PRINCIPLES FOR COMMUNITY-BASED PROGRAMS	YES
1. To be comprehensive, does the program have components for the individual, the family, the school, the media, community organizations and health providers? Are the program components well integrated in theme and content so that they reinforce each other?	
2. Does the prevention program use media and community education strategies to increase public awareness, attract community support, reinforce the school-based curriculum for students and parents, and keep the public informed of the program's progress?	
3. Can the program components be coordinated with other community efforts to reinforce prevention messages (for instance, can training for all program components address coordinated goals and objectives)?	
4. Are interventions carefully designed to reach different populations at risk, and are they of sufficient duration to make a difference?	
5. Does the program follow a structured organizational plan that progresses from needs assessment through planning, implementation and review to refinement, with feedback to and from the community at all stages?	
6. Are the objectives and activities specific, time-limited, feasible (given available resource), and integrated so that they work together across program components and can be used to evaluate program progress and outcomes?	
PREVENTION PRINCIPLES FOR SCHOOL-BASED PROGRAMS	**YES**
1. Do the school-based programs reach children from kindergarten through high school? If not, do they at least reach children during the critical middle school or junior high years?	
2. Do the programs contain multiple years of intervention (all through the middle or junior high years)?	
3. Do the programs use a well-tested, standardized intervention with detailed lesson plans and student materials?	
4. Do the programs teach drug-resistant skills through interactive methods (modeling, role playing, discussion, group feedback, reinforcement, extended practice)?	
5. Do the programs foster pro-social bonding to the school and community?	

Prevention Principles Checklist continued

6. Do the programs: a. Teach social competence (communication, self-efficacy, assertiveness) and drug resistance skills that are culturally and developmentally appropriate; b. Promote positive peer influence; c. Promote anti-drug social norms; d. Emphasize skills-training teaching methods; and e. Include an adequate "dosage" (10 to 15 sessions in year one and another 10 to 15 booster sessions)?	
7. To maximize benefits, do the programs retain core elements of the effective intervention design?	
8. Is there periodic evaluation to determine whether the programs are effective?	
PREVENTION PRINCIPLES FOR FAMILY-BASED PROGRAMS	**YES**
1. Do the family-based programs reach families of children at each stage of development?	
2. Do the programs train parents in behaviorial skills to: a. Reduce conduct problems in children; b. Improve parent-child relations, including positive reinforcement, listening and communication skills, and problem solving; c. Provide consistent discipline and rulemaking; and d. Monitor children's activities during adolescence?	
3. Do the programs include an educational component for parents with drug information for them and their children?	
4. Are the programs directed to families whose children are in kindergarten through 12th grade to enhance protective factors?	
5. Do the programs provide access to counseling services for families at risk?	

PILOT PROJECTS

Cities, counties and neighborhoods across America are confronting the problem of underage drinking and its consequences. As the professional organization representing the chief highway safety officers from each state, the District of Columbia and the U.S. territories, the National Association of Governors' Highway Safety Representatives (NAGHSR) is committed to helping reduce illegal underage alcohol consumption and curb the terrible toll underage drinking takes on our society.

Underage Drinking Pilot Project

In March 1995, NAGHSR launched a pilot project on underage drinking funded by the National Highway Traffic Safety Administration (NHTSA). The pilot assisted five communities in developing and implementing comprehensive underage drinking prevention programs based on a model initiated in the Washington, D.C. area in 1992 at the direction of the U.S. Congress.

The five NAGHSR pilot sites included Chesterfield County, VA; Travis County (Austin), TX; Omaha, NE; Detroit, MI and Salt Lake City, UT. In the first year, the project focused on developing broad-based community coalitions and helping those coalitions undertake an extensive needs assessment regarding the nature, extent and consequences of underage drinking in their communities.

Based on the information obtained during the needs assessment process, each site developed a comprehensive strategic plan that was implemented in subsequent years. The strategic plans included goals and objectives that were directly related to specific problems identified in the needs assessment. The objectives were specific and measurable so that progress could be tracked over time.

Each of the communities demonstrated success and four of the five programs continue to operate. The Travis County Underage Drinking Prevention Project in Austin, TX was nominated for a national award by the state's highway safety office and the Safe and Sober Youth Project in Chesterfield County, VA continues to expand its operations and activities to other counties. Project Extra Mile in Omaha, NE and Save Our Youth in Salt Lake City, UT are actively involved in underage drinking efforts funded through the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Project Extra Mile has received extensive media coverage and was the recipient of a 1999 Award from the National Commission Against Drunk Driving. The programs have succeeded in building awareness of the problem in their communities, mobilizing key members of the community to take action and changing policies, procedures and laws that directly relate to underage drinking.

Rapid Response Team

To build on the success of the demonstration projects, NAGHSR and NHTSA decided in March 1998 to pilot test another approach to providing technical assistance to communities working to prevent underage drinking. The revised concept involved intense, short-term assistance to communities provided by a team of nationally recognized experts. State highway safety offices were invited to nominate communities to receive the technical assistance and NAGHSR and NHTSA chose six sites in various states. The "on-site" intensive technical assistance was christened the "Rapid Response Team." The team provided technical assistance for coalitions, which already existed, but were having difficulty designing and implementing underage drinking prevention programs. Assistance by the Rapid Response Team gave each site a "jump start" in developing or strengthening comprehensive, needs-based underage drinking prevention programs.

Pilot Projects continued

The six communities selected to participate in the pilot, which was conducted from March 1998 to September 30, 1999, included Rio Arriba County, NM; Tippecanoe County, IN; Oswego County, NY; Hermantown, MN; Lenoir County, NC, and Prince George's County, MD. Each of the six communities received the following:

- Assistance in completing a self-assessment to determine the nature and extent of the underage drinking problem in their community.
- A three-day site visit by the team of nationally recognized experts, who worked with local advocates and officials to guide them in developing a comprehensive program. Members of the team included experts in:
  - Coalition building, needs assessments and strategic planning
  - Enforcement and adjudication
  - Community development
  - Youth programs and school-based prevention
  - Public policy
  - Media Relations
- Additional technical assistance was provided for three months from the team by phone, fax and e-mail.

NAGHSR also led the first phase of technical assistance for the Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) nationwide program, Enforcing Underage Drinking Laws. In this effort, the NAGHSR team reviewed the underage drinking prevention plans for all 50 states and the District of Columbia and provided training for forty-eight states and the District of Columbia. The NAGHSR *Community How To Guides on Underage Drinking Prevention* contain information gleaned from the experience of the Washington, D.C., area model (the Washington Regional Alcohol Program and Drawing the Line on Underage Alcohol Use), the eleven sites in the two NAGHSR pilot projects, and the OJJDP technical assistance.

ACKNOWLEDGEMENTS

The National Association of Governors' Highway Safety Representatives (NAGHSR) and the National Highway Traffic Safety Administration (NHTSA) wishes to thank the leaders in the NAGHSR underage drinking pilot sites and the rapid response pilot sites for their leadership and enthusiasm to address underage drinking within their communities.

The personnel involved in the first pilot effort include the following: Diane Riibe of Project Extra Mile in Omaha, Nebraska; Pat Farris, former Executive Director of Children At Risk Today in Chesterfield County, Virginia; Gloria Souhami of the Travis County Underage Drinking Prevention Project in Austin, Texas; Cherilynn Uden of Save Our Youth in Salt Lake City, Utah and Alma Gale, with the Bureau of Substance Abuse in Detroit, Michigan.

The pilot of the rapid response initiative involved the following individuals: Juan Roybal of the DWI Prevention Council in Rio Arriba County, New Mexico; Sally McIntire and Debbie Lowe of the Coalition for a Drug-Free Tippecanoe County in Layfayette, IN; Jane Murphy, Karen Hoffman and Barbara Canale of Take Charge Coalition in Oswego, New York; Barbara LaRoque of the Lenoir County Initiative to Reduce Underage Drinking, Kinston, North Carolina; Chris Olafson and Dave Thompson of the Learners At Risk Committee in Hermantown, Minnesota, and Dana Gigliotti of the Prince George's Highway Safety Task Force in Prince George's County, Maryland.

Pilot Projects continued

The success of the rapid response pilot was due to the involvement of the team of experts who provided valuable assistance and expertise. Individuals who participated as part of the Rapid Response Team included Marie Bishop, former Governor's Highway Safety Representative in Idaho; Jim Copple, National Crime Prevention Council; Johnnetta Davis, Pacific Institute for Research and Evaluation; Captain Tom Didone, Montgomery County, Maryland Police Department; Nancy Chase Garcia, Garcia Consulting (formerly with Center for Substance Abuse Prevention); Andrew Hill, Higher Education Center for Alcohol and Other Drug Prevention; Officer William Morrison, Montgomery County, Maryland Police Department; Pat Nechodom, University of Utah; Nancy Rea, Drawing the Line on Underage Alcohol Use, Montgomery County, Maryland; Judy Robinson, Higher Education Center for Alcohol and Other Drug Prevention; Mary Ann Solberg, Troy Community Coalition; Ed Virant, Omaha Public Schools, and Lt. Dick Yost, Phoenix, Arizona Police Department.

Thanks also goes to the many individuals, coalitions and organizations whose ongoing dedication to reducing underage drinking provided an opportunity to test the validity of NAGHSR's comprehensive approach. Their ideas, enthusiasm and commitment demonstrate there is a willingness across this nation to tackle the problem of underage drinking.

RESOURCES CITED IN COMMUNITY HOW TO GUIDE

Alcohol and Crime
Bureau of Justice Statistics
Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531
202-307-0765
Web site: http://www.ojp.usdoj.gov/bjs

Big Brothers Big Sisters of America
230 North 13th Street
Philadelphia, PA 19107
215-567-7000
Fax: 215-567-0394
E-mail: national @bbbsa.org
Web site: http://www.bbbsa.org

Bry's Behavioral Monitoring and Reinforcement Program
Graduate School of Applied and Professional Psychology
152 Frelinghuysen Road
Piscataway, NJ 08854-8085
732-445-2189
E-mail: bbry@gandalf.rutgers.edu

Center for Substance Abuse Prevention Monograph Series
National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20747-2345
800-729-6686
Web site: http://www.health.org

Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT)
65 Cadillac Square, Suite 3200
Detroit, MI 48226

Combating Underage Drinking Program in Maryland
Executive Director
Governor's Office of Crime Control & Prevention
300 East Joppa Road, Suite 1105
Baltimore, MD 21286-3016
410-321-3521
Fax: 410-321-3116
Web site: http://www.cesear.umd.edu/goccp/drinking/drinking.htm

Communities That Care
Developmental Research and Programs
130 Nickerson Street, Suite 107
Seattle, WA 98109
800-736-2630
E-mail: moreinfo@drp.org
Web site: http://www.drp.org

Denounce the 40 Ounce Media Campaign
Detroit City Council Task Force
on Substance Abuse
1340 City-County Building
Detroit, MI 48226
313-224-1645
Fax: 313-224-1787
E-Mail: A-Tinsley-Williams@ci.detroit.mi.us

Designing Alcohol and Other Drug Prevention Programs in Higher Education — Bringing Theory into Practice
U.S. Department of Education, 1997
Higher Education Center for Alcohol and Other Drug Prevention
55 Chapel Street
Newton, MA 02158-1060
800-676-1730
Fax: 617-928-1537
E-mail: HigherEdCtr@edc.org
Web site: http://www.edc.org/hec/

Community How To Guide On... PREVENTION & EDUCATION RESOURCE LISTING

Drawing the Line on Underage Alcohol Use
Montgomery County Department of Health and Human Services
8630 Fenton Street, 10th Floor
Silver Spring, MD 20910
240-777-1123
240-777-3054
Web site: http://www.co.mo.md.us/services/hhs/pubhlth/dtl/dtl.html
E-mail: nancy.rea@co.mo.md.us

Drug Abuse Prevention: What Works
National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard, Room 5213
MSC 9561
Bethesda, MD 20892
301-443-6245
Web site: http://www.nida.nih.gov

Functional Family Therapy
1329 Behavioral Science
University of Utah
Salt Lake City, UT 84112
801-581-6538
E-mail: jfafft@pysch.utah.edu

Life Skills Training (LST)
Institute for Prevention Research
Cornell University Medical Center
411 East 69th Street
Room KB 201
New York,NY 10021
212-746-1270
Fax: 212-746-8390
E-mail: ipr@mail.ned.cornell.edu
Web site: http://www.lifeskillstraining.com

Living/Learning Contract
Yakima Valley Community College
Student Resident Center
1113 South 14th Avenue
Yakima, WA 98902
509-574-4887
Web page: http://www.yvcc.cc.wa.us

Maryland Hospitality Education Foundation
Executive Director
7113 Ambassador Road
Baltimore, MD 21244
410-298-0011 or 800-874-1313
Fax: 410-298-0299
E-mail: ram03@erols.com
Web site: http://www.marylandrestaurants.org

Monitoring The Future
National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard, Room 5213
MSC 9561
Bethesda, MD 20892
301-443-6245
Web site: http://www.nida.nih.gov

Montana State University – Bozeman
Assistant Director for Health Promotion
Student Health Services
Bozeman, MT 59717
406-994-7337
Web page: http://www.montana.edu

Mothers Against Drunk Driving (MADD)
511 East John Carpenter Freeway, Suite 700
Irving, TX 75062
214- 744-6233
800-GET-MADD
Web site: http://www.madd.org

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
6000 Executive Boulevard, Suite 409
Bethesda, MD 20892-7003
301-443-3860
Web site: http://www.niaaa.nih.gov

National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard, Room 5213
MSC 9561
Bethesda, MD 20892
301-443-6245
Web site: http://www.nida.nih.gov

Office of Alcoholism and Substance Abuse Services
State of New York
1450 Western Avenue
Albany, NY 12203-3526
518-485-2132
Fax: 518-485-2142
E-mail: barnetw@casas.state.ny.us

Office of the Inspector General
Office of the Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
202-619-0257
Toll Free: 877-696-6775
Web site: http://www.dhhs.gov

Parenting Adolescents Wisely
Psychology Department, Ohio University
Athens, OH 45701
740-593-2074
E-mail: gordon@ohiou.edu
Web site: http://www.familyworksinc.com

Parents and Children Videotape Series – The Incredible Years
1411 8th Avenue, West
Seattle, WA 98119
206-285-7565
E-mail: incredibleyears@seanet.com
Web site: http://www.incredibleyears.com

Preventing Crime: What Works, What Doesn't, What's Promising.
By Lawrence W. Sherman, Denise C. Gottfredson, Doris L. MacKenzie, John Eck, Peter Reuter, and Shawn D. Bushway
July 1998
National Criminal Justice Reference Service (NCJRS)
P.O. Box 6000
Rockville, MD 20849-6000
Tel: 800-851-3420 or 301-519-5500
Web site: http://www.ncjrs.org

Preventing Sales of Alcohol to Minors: What You Should Know About Merchant Education Programs
The Underage Drinking Enforcement Training Center
Pacific Institute for Research and Evaluation
11140 Rockville Pike, 6th Floor
Rockville, MD 20852
301-984-6500
Fax: 301-984-6559
Web site: http://www.pire.org/udetc

Community How To Guide On... PREVENTION & EDUCATION RESOURCE LISTING

Preventing Substance Abuse Among Children and Adolescents: Family Centered Approaches Reference Guide
Prepared by Birch Davis and Associates
DHHS Publication No. (SMA) 3223-FY98
National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20747-2345
800-729-6686
Web site: http://www.health.org

Project Extra Mile
Executive Director
302 South 36th Street, Suite 214
Omaha, NE 68131
402-345-5000
Fax: 402-231-4307
E-mail: driibe@alltel.net

Project Northland
University of Minnesota
Division of Epidemiology
1300 South Second Street, Suite 300
Minneapolis, MN 55454-1015
612-626-0758
Fax: 612-625-8082
E-mail: goeden@epi.umn.edu

Project Star
Project Manager
Department of Preventive Medicine
University of Southern California
1441 Eastlake AV, MS-44
Los Angeles, CA 90033-0800
323-865-0325
Fax: 323-865-0134
E-mail: lapin@hsc.usc.edu

Project Status
2220D LeFrak Hall
College Park, MD 20742
301-405-4717
E-mail: dgottfredson@crim.umd.edu
Web site: http://www.gottfredson.com

Reconnecting Youth Program
Psychosocial and Community Health Department
Box 357263
University of Washington School of Nursing
Seattle, WA 98195-7263
206-543-9455
Fax: 206-685-9551
E-mail: eggert@u.washington.edu

Reducing Alcohol Availability to Minors (RAAM)
Ocean City Police Department
6501 Coastal Highway
Ocean City, MD 21842
410-723-6601

Residential Student Assistance Program
Student Assistance Services
660 White Plains Road
Tarrytown, NY 10591
914-332-1300
Fax: 914-366-8826
E-mail: sascorp@aol.com

Safe & Smart — Beyond Prevention Curricula: A Guide to Developing Alternative Activities
U.S. Department of Education
Office of Elementary and Secondary Education
400 Maryland Avenue, SW
Washington, DC 20202
800-USA-LEARN
Fax: 202-401-0689
Web site: http://www.ed.gov/offices/OESE/SDFS

Safe and Sober Youth Coalition (SASY)
Children At Risk Today (CART)
Executive Director
14005 Staplestone Drive
Midlothian, VA 23113
804-378-7752
Fax: 804-794-8823

Save Our Youth Coalition
Office of Highway Safety
Department of Public Safety
5263 South 300 West, Suite 202
Salt Lake City, UT 84107
801-293-2482
Fax: 801-293-2498
E-mail: pshs.jdame@state.ut.us

SMART Moves Program
Boys & Girls Clubs of America
1230 West Peachtree Street, NW
Atlanta, GA 30309-3447
404-487-5766
Fax: 404-487-5789
E-mail: mcpuig@bgca.org
Web site: http://www.bgca.org

Setting and Improving Policies for Reducing Alcohol & Other Drug Problems on Campus
The Higher Education Center for Alcohol and Other Drug Prevention
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02158-1060
800-676-1730
Fax: 617-928-1537
E-mail: HigherEdCtr@edc.org
Web site: http://www.edc.org/hec/

Spring Party Challenge
The University of Maryland at College Park
Alcohol and Other Drug Prevention Programs
University Health Center
The University of Maryland in College Park
College Park, MD 20742
301-314-8123
E-mail: gan@health.umd.edu
Web site: http://www.umd.edu

Strengthening Families Program
Department of Health Promotion and Education
University of Utah
300 South 1850 East, Room 215
Salt Lake City, UT 84112
801-581-7718
Fax: 801-581-5872
E-mail: ralvarad@health.utah.edu
Web site: http://www.strengtheningfamilies.org

Students Against Destructive Decisions (SADD)
P.O. Box 800
Marlboro, MA 01752
508-481-3568
Fax: 508-481-5759
Products: 800-886-2972
Web site: http://www.nat-sadd.org

Travis County Underage Drinking
Prevention Project
P.O. Box 1748
Austin, TX 78767
512-473-4229
Fax: 512-473-9316
E-mail: gloria.souhami@co.travis.tx.us

Troy Community Coalition
Executive Director
Troy Community Coalition
1100 Urbancrest
Troy, MI 48084
248- 740-0431
Fax: 248-524-1707
E-mail: maslotry@moa.net

OTHER PREVENTION RESOURCES

Alcohol Poisoning
National Highway Traffic Safety Administration
400 7th Street, SW, NTS-11
Washington, DC 20590
202-366-2724
Fax: 202-366-2766
E-mail: jwright@nhtsa.dot.gov

This fact sheet provides data on the problem of alcohol poisoning, and supplies information for bystanders and medical personnel on what to do to respond to a possible alcohol poisoning situation.

Alcohol Policy and the Public Good
Griffith Edwards et al.
Oxford University Press
198 Madison Avenue
New York, NY, USA 10016
212-726-6000
Fax: 212-726-6440
Web site: http://www.oup-usa.org

This book reviews the efficacy of policies like the minimum drinking age, retail pricing, taxes, information-based programs and others.

Centers for the Application of Prevention Technologies (CAPT)
Web site: http://www.captus.org

Border Region
(U.S.-Mexico border—Arizona, California, New Mexico, Texas)
Project Diretor
Arizona-Mexico Border Health Foundation
2501 E. Elm Street
Tucson, AZ 85716
520-795-9756
Fax: 520-795-1365,
E-mail: skunz@ambhf.org
Web site: http://www.bordercapt.org

Central Region
(North Dakota, South Dakota, Minnesota, Iowa, Wisconsin, Illinois, Indiana, Ohio, West Virginia, Michigan, Red Lake Chippewa Band)
Project Director
Minnesota Institute of Public Health
2829 Verndale Avenue
Anoka, MN 55303
612-427-5310
Fax: 612-427-7841,
E-mail: jjaker@miph.org
Web site: http://www.miph.org/capt

Northeast Region
(Connecticut, Delaware, Maine, Maryland, Massachusetts, Vermont, Pennsylvania, Rhode Island, New Hampshire, New Jersey, New York)
Project Director
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02158-1060
617-969-7100
Fax: 617-527-4096,
E-mail: michaelr@edc.org
Web site: www.edc.org/cap

Southeast Region
(Alabama, District of Columbia, Florida, Georgia, Kentucky, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virgin Islands, Virginia)
Project Director
Developing Resources for Education in America, Inc. (DREAM)
310 Airport Rd., Ste. D
Jackson, MS 39208
800-233-7326 or 601-933-9199,
Fax: 601-933-1138
E-mail: dream@cenaccsys.com
Web site: http://www.secapt.org

Southwest Region
Texas, New Mexico, Colorado, Oklahoma, Louisiana, Arkansas, Missouri, Kansas, Nebraska)
Project Director
Southwest Prevention Center
University of Oklahoma
555 Constitution Street, Ste. 132
Norman, OK 73072
405-325-1454
Fax: 405-325-7092,
E-mail: molowther@ou.edu
Web site: http://www.swcapt.org

Western Region
California, Nevada, Utah, Arizona, Oregon, Washington, Idaho, Montana, Wyoming, Guam, Hawaii, Alaska, American Samoa, Commonwealth of the Northern Marianas Islands, Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, Yap), Marshall Islands, Palau)
Project Director
University of Nevada, Reno
Mail Stop 279
Reno, NV 89557
888-734-7476
Fax: 702-784-1840
E-mail: gfisher@unr.edu
Web site: http://www.unr.edu/westcapt

The primary mission of the National Centers for the Application of Prevention Technologies (CAPT) system is to bring research to practice by assisting states/jurisdictions and community-based organizations in the application of the latest research-based knowledge to their substance abuse prevention programs, practices, and policies. The body of knowledge and experience that defines what works best in prevention programming has not impacted the prevention field to the desired level of effectiveness. The CAPT system is a practical tool to increase the impact of this body of knowledge and experience through new channels of communication, regional and local relationships, and sensible customization and repackaging.

The Century Council
1310 G Street, NW, Suite 600
Washington, DC 20005
202-637-0077
Fax: 202-637-0079
Web site: http://www.centurycouncil.org

Two of the programs of the Century Council focus specifically on preventing alcohol use by underage youth. "Ready or Not.,Talking With Kids About Alcohol," is a video education program designed for parents and other adults who work with middle school age youth. The video and support material are designed to help parents and adults understand of how alcohol impacts young people, and learn five basic strategies to help prevent children from drinking illegally. "Alcohol 101," targeted at college age youth, is a CD-ROM program that uses interactive, user-friendly technology, high-end graphics, music and several "virtual" scenarios to help students make sensible, fact-based decisions about drinking or not drinking.

Drug Abuse Prevention: What Works
National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard, Room 5213
MSC 9561
Bethesda, MD 20892
301-443-6245
Web site: http://www.nida.nih.gov

This book provides basic information on prevention theory, including risk and protection factors, classification of programs, the importance of research based prevention and model programs.

Leonard Communications
15713 Cherry Blossom Lane
North Potomac, MD 20878
301-948-4879
Fax: 301-948-3736
E-mail: trina@erols.com

National Organizations for Youth Safety (NOYS)
Web site: http://www.noys.com

Since its inaugural meeting in 1994, The National Organizations for Youth Safety, (NOYS) has grown to over 40 national, youth-serving organizations. NOYS members meet a minimum of three times a year bringing many youth safety and prevention organizations to one table in order to discuss common issues. Through this dialogue many of the NOYS member organizations have collaborated on the development and delivery of national, NOYS-sponsored programs and projects. NOYS has given young people from different organizations an opportunity to meet their peers who are working on similar issues. Young people from the member organizations have been speakers and presenters at the conferences of a number of their fellow NOYS organizations. Federal agencies are interested in the NOYS members because it is a one-stop place to deliver a message to many. Just a few of the organizations that belong to NOYS include BACCHUS/Gamma, AAA, NHTSA, EnCARE, Future Homemakers of America, SADD, MADD and the National Association of Student Councils.

NIDA Research Monograph Series
The Development of Alcohol Problems: Exploring the Bio-psychosocial Matrix of Risk (#26)
Cost-Benefit/Cost Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy (#176)
Drug Abuse Prevention Through Family Interventions (#177)
National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard, Room 5213
MSC 9561
Bethesda, MD 20892
301-443-6245
Web site: http://www.nida.nih.gov

Parent Training is Prevention: Preventing Alcohol and Other Drug Problems Among Youth In the Family
DHHS Publication No. (SMA) 93-2022
National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20747-2345
1-800-729-6686
Web site: http://www.health.org

This book focuses on the role of parents in prevention and describes the characteristics of effective prevention programs and how to get hard-to-reach parents involved in prevention.

PMB Communications
1114 North Illinois Street
Arlington, VA 22205
703-237-5532
Fax: 703-237-8831
E-mail: PMBEER@worldnet.att.net

Presidential Initiative on Drugs, Driving and Youth
NHTSA, NTS-13
400 Seventh Street, SW
Washington, DC 20590
202-366-9588
Fax: 202-366-2766
Web site: http://www.nhtsa.dot.gov
E-mail: srichardson@nhtsa.dot.gov

Prevention Strategies: A Research Guide to What Works, 1996
Developmental Research and Programs, Inc.
130 Nickerson, Suite 107
Seattle, WA
206-286-1805
Fax: 206-286-1462
Web site: http://www.drp.org

Prepared by an organization which has helped to research and popularize the concept of risk and protective factors, this book provides extensive information on risk and protective factors in families, schools and communities.

Promising Practices: Campus Alcohol Strategies
by David Anderson, Ph.D. and Gail Gleason Milgram, Ed.D.
The Century Council
1310 G Street, NW, Suite 600
Washington, DC 20005
202-637-0077
Fax: 202-637-0079
Web site: http://www.centurycouncil.org or
Web site: http://www.prompac.gmu.edu

This book contains summaries of campus alcohol strategies submitted by institutions around the country. The authors describe the book as an "idea bank" but they do not comment on specific entries in the book, nor do they evaluate the effectiveness or design of the programs. Some entries contain self-reported evaluations or landmarks of success.

Selected Findings in Prevention: A Decade of Results
The Center for Substance Abuse Prevention (CSAP)
DHHS Publication No. (SMA) 97-3143 1997
National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20747-2345
1-800-729-6686
Web site: http://www.health.org

This book summarizes key findings from prevention research and experience during the mid-1980s to mid-1990s. The book includes information on findings related to the initiation of substance abuse, the effectiveness of prevention activities, program implementation, the cost and financing of substance abuse prevention and working hypotheses derived from observations of Center for Substance Abuse Prevention (CSAP) demonstration projects.

Setting and Improving Policies for Reducing Alcohol and Other Drug Problems on Campus — A Guide for Administrators
Printed 1995, Reprinted 1997
The Higher Education Center for Alcohol and Other Drug Prevention
Education Development Center, Inc.
Funded by the U.S. Department of Education
55 Chapel Street
Newton, MA 02158-1060
800-676-1730
Web site: http://www.edc.org/hec/
Email: HigherEdCtr@edc.org

Written for campus administrators and policy-makers, this publication explores the nature of illegal underage drinking on college campuses, barriers to prevention and the importance of environmental management and policy setting. The book then outlines a process for setting a policy.

Community How To Guide On...
PREVENTION & EDUCATION
RESOURCE LISTING

Social Marketing Strategies for Campus Prevention of Alcohol and other Drug Problems
The Higher Education Center for Alcohol and Other Drug Prevention
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02158-1060
800-676-1730
617-928-1537
Web site: http://www.edc.org/hec/
Email: HigherEdCtr@edc.org

This book describes the social marketing concept and process and how it can be applied to college and university campuses.

Understanding Substance Abuse Prevention
DHHS Publication No. (SMA) 99-3301
National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20747-2345
1-800-729-6686
Web site: http://www.health.org

This monograph describes the evolution of risk-based prevention theory and describes eight prevention programs directed at high-risk youth.

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March 2001

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

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